

Detroit Public Schools
RESOURCE COORDINATING TEAM
INTERVENTION ASSISTANCE REFERRAL FORM

Date: _____

DEMOGRAPHICS: *If demographic information is accessible via computer printout or other resource, please attach.*

Name: _____	Birthdate: _____	ID#: _____
Address: _____	Zipcode: _____	Phone: _____
School: _____	Grade: _____	Teacher: _____
Parent/Guardian _____	Relationship to child: _____	
Address: _____	Phone: _____	Work Phone: _____
Primary Language in Home? _____	Primary Language of Student: _____	
Interpreter needed for parents? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	

REASONS FOR REFERRAL: _____

Check area(s) of concern:

ACADEMIC

Reading Skills _____
 Math Skills _____
 Other _____
 Other _____

PHYSICAL HEALTH

Visual _____
 Hearing _____
 Orthopedic _____
 Other _____

SOCIAL

Peer Relations _____
 Self-Mgt. _____
 Behavior _____
 Attendance _____

SPEECH

Speech _____
 Lang. Dev. _____
VOC. TRAIN.
 Pre-Voc. _____ Voc. Ed. _____

Strategies/Techniques Attempted [☒] check

- | | |
|--|--|
| <input type="checkbox"/> Discussed problem with student
<input type="checkbox"/> Phone call(s) home (general dates of contact: _____)
<input type="checkbox"/> Parent conferences
<input type="checkbox"/> Remedial program
<input type="checkbox"/> Outside tutoring
<input type="checkbox"/> Retention
<input type="checkbox"/> Study carrel
<input type="checkbox"/> Discipline referral to office
<input type="checkbox"/> Counselor intervention
<input type="checkbox"/> Medication
<input type="checkbox"/> Previous IA referral
<input type="checkbox"/> Previous special education evaluation
<input type="checkbox"/> Presently in special education
<input type="checkbox"/> Timeout strategy
<input type="checkbox"/> Peer tutoring
<input type="checkbox"/> Individualization at level student is presently functioning
<input type="checkbox"/> Completion of work at recess or after school | <input type="checkbox"/> Assertive discipline
<input type="checkbox"/> Focus on student's strengths
<input type="checkbox"/> Attendance incentives/referrals
<input type="checkbox"/> Point system/contracting
<input type="checkbox"/> Other services: _____
<input type="checkbox"/> Homework assistance
<input type="checkbox"/> Outside agency intervention
(Specify): _____
<input type="checkbox"/> Detention
<input type="checkbox"/> Suspension (Specify dates): _____

<input type="checkbox"/> Change in seating
<input type="checkbox"/> Daily assignment sheet
<input type="checkbox"/> Frequent praise/rewards
<input type="checkbox"/> Progress reports
<input type="checkbox"/> Adapting tests/quizzes to child (i.e., given orally if child cannot read at "grade level")

_____ |
|--|--|

Referring Source (Teacher, Parent or Other Staff): _____ **Relationship to Child** _____

Times Available for Problem Solving Meeting/Conference: _____

Please attach a copy of class schedule for Middle and High School students. Attach copy of most recent report card marks/comments